



Report to Legislature - December 2009
IDPH Problem Gambling and Substance Abuse Treatment System Alignment

A. Executive Summary

The IDPH Division of Behavioral Health has initiated alignment of its problem gambling and substance abuse treatment systems. This report documents efforts to-date and planned next steps, such as:

- Integrated program licensure standards have been drafted to apply jointly to both problem gambling and substance abuse treatment.
- The proposed program licensure standards require counselors to be appropriately credentialed within 24 months of employment.
- Reimbursement methodology and rates for problem gambling treatment have been standardized and are more consistent with expenditures for similar substance abuse treatment services.
- Previously separate problem gambling and substance abuse contracts for training and for a public information center have been merged. (Cost savings: \$75,000)
- Previously separate problem gambling and substance abuse data systems are being merged, with the additional potential benefit of one integrated clinical record.
- IDPH has initiated a larger system transition that will result in one integrated recovery-oriented system of care for addictive disorders, inclusive of problem gambling education and treatment, substance abuse prevention, and substance abuse treatment and related services and supports.

B. Background

In Senate File 2425 (2008) and House File 811 (2009), the Iowa Legislature directed the Iowa Department of Public Health (IDPH) to align the problem gambling and substance abuse treatment systems, as follows:

“Notwithstanding any provision to the contrary, to standardize the availability, delivery, cost of delivery, and accountability of gambling and substance abuse treatment services statewide, the department shall implement [continue implementation of] a process to create a system for delivery of the treatment services. To ensure the system provides a continuum of treatment service that best meets the needs of Iowans, the gambling and substance abuse treatment services in an area may be provided either by a single agency or by separate agencies submitting a joint proposal. The process shall be completed by July 1, 2010.”

- a. *The process shall include the establishment of joint licensure for gambling and substance abuse treatment programs that includes one set of standards, one licensure survey, comprehensive technical assistance, and appropriately credentialed counselors to support the following goals:*
- (1) *Gambling and substance abuse treatment services are available to Iowans statewide.*
 - (2) *To the greatest extent possible, outcome measures are uniform statewide for both gambling and substance abuse treatment services and include but are not limited to prevalence indicators, service delivery areas, financial accountability and longitudinal clinical outcomes.*
 - (3) *The costs to deliver gambling and substance abuse treatment services in the system are based upon best practices and are uniform statewide.”*

C. IDPH Actions and Planning

In initiating alignment of the problem gambling and substance abuse treatment systems, IDPH's Division of Behavioral Health worked from the premise that effective addiction services are best delivered as part of a recovery-oriented system of care that engages clients at all points in their personal recovery efforts. The Division has communicated the expectation that programs funded by IDPH will have the capability to address the complex needs of their clients, including, but not limited to, co-occurring gambling, substance abuse and mental health problems as well as education, employment, family, health, housing and legal concerns.

1. Program Licensure and Counselor Credentialing

IDPH conducted a side-by-side review of problem gambling and substance abuse program licensure standards and developed recommendations to resolve licensure differences, with the goal of establishing one set of integrated standards. Input was sought from licensed problem gambling and substance abuse programs. Following stakeholder discussions, IDPH drafted joint licensure language that will go before the State Board of Health in January 2010 and then will be published for public comment, with the goal that the integrated standards will be effective on July 1, 2010.

Key IDPH recommendations for joint licensure standards include:

- a. **Licensure decisions will be under the authority of the State Board of Health.**
Under the current standards, problem gambling license decisions are made by IDPH and substance abuse decisions are made by the State Board of Health.
- b. **Clinical staff must be appropriately credentialed to provide specific services.**
 - (1) Clinical staff must be certified in problem gambling and/or substance abuse counseling and/or licensed in a counseling-related field within 24 months of employment.
 - If certified in problem gambling only, 20 hours of substance abuse education are required prior to providing substance abuse services.

- If certified in substance abuse only, 20 hours of problem gambling education are required prior to providing problem gambling services.
 - If licensed in a counseling-related field, 20 hours of problem gambling and/or substance abuse education are required prior to providing problem gambling and/or substance abuse services.
- (2) Currently employed clinical staff who are not certified/licensed must be deemed qualified or be certified/licensed within 24 months of the effective date of the program licensure standards.
- To be deemed qualified, the licensed program currently employing the clinical staff person on the date the program licensure standards go into effect must document that the person may continue to provide problem gambling and/or substance abuse counseling for that licensed program. Deemed qualified status applies only while the clinical staff person is employed by that licensed program.
- c. **Treatment service provision must be consistent with the American Society of Addiction Management (ASAM) dimensional criteria and levels of care.** The ASAM criteria provide a comprehensive method for organizing and documenting clinical services that is nationally accepted and currently used in Iowa.

Current licensure standards for problem gambling and substance abuse programs are available at http://www.idph.state.ia.us/bh/admin_regulation.asp.

2. Treatment Costs

- a. **Substance abuse reimbursement remains standardized through the Iowa Plan for Behavioral Health.** The Iowa Plan is the state's managed care program for mental health and substance abuse services funded by Medicaid under the authority of the Department of Human Services (DHS) and for substance abuse services funded by federal block grant and state appropriations under the authority of IDPH.
- Medicaid-funded services are paid on a unit of service basis, with a specific reimbursement rate assigned to each service.
 - IDPH-funded substance abuse services are paid on a case rate basis that considers reimbursement (generally consistent with Medicaid rates) and average length of stay. Contracted providers assure outpatient services to residents in the counties in their assigned service areas. All 99 counties are covered. Residential programs serve clients statewide. Provider contracts specify the maximum funding the provider will receive, the minimum number of clients the provider must serve, and the projected mix of treatment services to be provided. Providers may be required to repay funding if they do not meet contractual requirements.
- b. **Funding for problem gambling services has been standardized.** Effective July 1, 2009, IDPH implemented specific reimbursement rates for problem gambling

counseling. Prior to that time, programs were reimbursed by IDPH on a line item cost basis. Care was taken to transition the funding methodology without negatively impacting the statewide service delivery system. Current reimbursement rates are nearing general consistency with rates for comparable substance abuse treatment services.

3. Service System Transition

To date, problem gambling prevention and treatment, substance abuse prevention, and substance abuse treatment have been separate, with distinct and unrelated Request for Proposal (RFP) processes, contracts, and project periods. IDPH has initiated a service system transition plan that will result in one integrated statewide system of prevention and treatment services for addictive disorders.

- a. Substance Abuse Treatment:** In April 2009, DHS and IDPH competitively procured a managed care organization for the new Iowa Plan contract that will be in effect from January 2010 through June 2015. As part of its implementation of the new contract, Magellan (the contractor recommended by the Iowa Plan evaluation committee) was required to release an RFP in July 2009 to competitively select providers for IDPH-funded substance abuse treatment statewide. That RFP included the following language:

“1.6 SERVICE SYSTEM TRANSITION

Over the next five years, IDPH envisions a transition to a more comprehensive and integrated recovery-oriented system of care for addictive disorders built on coordination and collaboration across problem gambling education and treatment, substance abuse prevention, and substance abuse treatment. This transition will include, but may not be limited to, review and revision as indicated of:

- *program licensure standards*
- *practitioner credentialing*
- *workforce development*
- *client and family leadership*
- *service areas*
- *local collaboration*
- *funding and funding methodologies*
- *services and supports*
- *clinical outcome measures*
- *performance measurement*
- *Requests For Proposals*
- *service procurement*
- *contract conditions*

Providers selected through this RFP will be involved in any service system transition. Provider contracts that result from this RFP may be impacted by transition decisions made during the contract effective period.”

The Iowa Plan IDPH-funded provider selection process was completed in November 2009. Resultant provider contracts for IDPH-funded substance abuse services will be in force from January 2010 through June 2014.

- b. **Substance Abuse Prevention:** The current project period for IDPH's substance abuse prevention contracts with local agencies will end in June 2010. IDPH will include the above system transition language in its RFP to select substance abuse prevention contractors and will revise the project period to be in effect from July 2010 through June 2014, consistent with the end date of substance abuse treatment contracts.

- c. **Problem Gambling Prevention and Treatment:** The current project period for IDPH problem gambling prevention and treatment contracts ends in June 2011. IDPH will again include transition language in its RFP to select problem gambling contractors and will revise the project period to be in effect from July 2011 through June 2014, consistent with substance abuse treatment and prevention.

- d. **Addiction Services System:** It is anticipated that IDPH, or Magellan on behalf of IDPH, will release one competitive RFP in 2013, based on the recovery-oriented system of care model and inclusive of all system transition decisions made between now and the RFP release date, to establish an integrated statewide system of prevention and treatment services for addictive disorders, effective July 2014. Under the resultant contracts, contractors will be obligated to assure all required services to a specific geographic service area, either through direct delivery or through cooperative agreements with qualified local agencies. Contractors will also be required to demonstrate knowledge of and coordination with local recovery-oriented services and supports.

Any service system transition will include consideration of opportunities for collaboration and efficiencies with other state agencies and programs, e.g. Department of Corrections, DHS Mental Health and Disabilities Services, IDPH Tobacco Use Prevention and Control, etc.

4. Additional Considerations

- a. In January 2009, the IDPH Division of Behavioral Health began publishing a monthly **newsletter** to communicate with stakeholders about Division priorities and activities, including problem gambling and substance abuse.

- b. In 2009, IDPH began coordinating previously separate problem gambling and substance abuse **training and workforce development** activities and is currently developing training on the Recovery-Oriented System of Care model. Coordination was also initiated with currently separate contracts for problem gambling and substance abuse **prevention and treatment resources and helplines** available to the public. Initial cost savings are projected at \$75,000.

- c. IDPH is currently merging its problem gambling and substance abuse **data systems**. The merger will include availability of an integrated treatment record.

- d. In its 2009 **Substance Abuse Disaster Relief** contracts, IDPH required prevention and treatment contractors to collaborate on local planning and activities.
- e. In September 2009, IDPH problem gambling and substance abuse treatment staff participated in the National Conference of State Legislatures Addiction Studies Program. Goal areas being followed include enhancing service delivery based on data and priorities and improving treatment outcomes.
- f. IDPH wishes to support recovering persons who want to become addiction professionals. Development of reimbursable **Recovery Peer Coaching** or **Substance Abuse Peer Support** may provide entry level employment for recovering persons while they go to school or receive training necessary to become certified or licensed. Recovery Peer Coaching is currently reimbursable only through IDPH's Access to Recovery (ATR) program. In November 2009, IDPH offered Recovery Peer Coaching certification training, including a train-the-trainers module, to 30 ATR contractors. (Peer Support is currently a reimbursable mental health service for Iowa Plan Medicaid enrollees.)
- g. IDPH is considering developing **licensure for prevention agencies and non-traditional recovery support providers** as well as an **enhanced addictions program license** for community-based, not-for-profit organizations that provide a local infrastructure of addiction prevention and treatment services, linked to a broad range of related local services and supports.

5. Stakeholder Involvement

In developing this plan, IDPH worked with the following stakeholders:

- Chemical Dependency Treatment Programs of Iowa (CDTPI) - primarily hospital-affiliated substance abuse treatment programs
- Iowa Behavioral Health Association (IBHA) - problem gambling programs, substance abuse prevention agencies, substance abuse treatment programs, Community Mental Health Centers
- Iowa Board of Certification
- Iowa Gambling Treatment Program Advisory Committee
- the Iowa Gaming Association
- Iowa Substance Abuse Supervisors Association (ISASA) - clinical supervisors
- other licensed programs